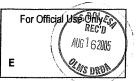
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8439

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01101104 Through: 12131104		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Manuel Balelo -	Name Fishermen's Union of America Pacific & Caribbean Area, AFL Labor Organization File Number 506-639		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3336 Lowell Street	Street 3940 Hancock Street		
city San Diego	city Sah Diego		
State California ZIP Code + 4 92106	State California ZIP Code + 4 92110		
5. Position in labor organization. Secretary-Tregsurer/Business Agent			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
g of the second process of the second proces	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Name Trade Name, if any:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. ature Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Manue Bajelo		File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable or which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adjustly to or atherwise	S
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Fishermen's Union of America pacific & Caribbean AregAFLCII	a. Labor Organizal	tion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 3940 Hancock Street, #108	c. Employer	
city San Diego State California ZIP Code + 4 9 3 110-	•	
5157		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name Tung Fishermen's Trust Trade Name, if any:	Meetings of	f the Board of eld on 4-29-04 and
P.O. Box, Bldg., Room No., if any	12.09.04. Lunch for	Trusteos
Street 3940 Hancock Street #108	4-29-04-\$12,	10 12-09-04.\$13.90
		of such dealing. \$26.00
City San Diego	12.a. Nature of interest held	or income received.
State California ZIP Code + 4 92110- 95-6042008 5157	A CONTRACTOR OF THE CONTRACTOR	
	12.b. Amount.	general description of the second
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	1
Name	To the second of	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	- 1	
City		į
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

or Consultant

8. Fishermen's Union of America, Pacific + Caribbean Area, AFLC10 3940 Hancock Street # 108 San Diego, California
92110-5157

x b. Trust

10. Fighermen's Pension Trust Fund 3940 Hancock Street, #108 San Diego, California 92110-5157 95-6248054

11. Meetings of the Board of Trustees held on 1-15-04 and 9-09-04 1-15-04 - \$13.63 9.09-04 - 12.84

11.6. \$ 26.00